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**FACSIMILE TRANSMISSION COVER SHEET**

Date: August 6, 2004

To: United States Patent and Trademark Office  
Examiner: Lourdes C. Cruz; Art Unit: 2827

Fax: (703) 872-9306

Re: **Application Serial No.: 09/713,834**  
Filing Date: 11/15/2000; First Named Inventor: Hassan S. Hashemi  
Attorney Docket No.: 00CON159P-C1

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 11

Message:

Enclosed please find the Amendment and Response to the Final Office Action dated May 19, 2004.

Thank you.

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Attorney Docket No.: 00CON159P-C1

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Hashemi, Hassan S.SERIAL NO.: 09/713,834 FILED: November 15, 2000FOR: Leadless Chip Carrier Design and Structure

Mail Stop AF  
 HONORABLE COMMISSIONER FOR PATENTS  
 P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.  
 The fee has been calculated as shown below:

EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

TOTAL EXTENSION FEE \$ 0.00  
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	25	MINUS **25	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 86	x 43	\$

First presentation of multiple dependent claim

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 00CON159P-C1

Total fee for Supplemental Information Disclosure Statement \$

Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-0731 in the amount of \$

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 8/6/04By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date 8/6/2004Signature Name of Person Performing Facsimile Transmission LESLEY L. LAM

Michael Farjami, Esq.  
Farjami & Farjami LLP  
26522 La Alameda Ave., Suite 360  
Mission Viejo, CA 92691  
Telephone: (949) 282-1000  
Facsimile: (949) 282-1002

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Attorney Docket No.: 00CON159P-C1

## AMENDMENT COVER SHEET

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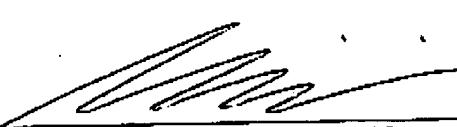
Attorney Docket No.: 00CON159P-C1

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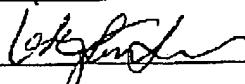
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8/6/2004

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Signature

LESLEY L. CATON

Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.  
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Attorney Docket No.: 00CON159P-C1

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CENTRAL FAX CENTER**In re Application of: **Hashemi, Hassan S.**

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For: **Leadless Chip Carrier Design and  
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Art Unit: 2827

AUG 06 2004

Examiner: Cruz, Lourdes C.

**AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION**

Mail Stop AF  
Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final Office Action* dated May 19, 2004 in the above-referenced patent application. Please enter and consider the following remarks.